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10/523,966

10/06/2005

Shmuel Ben Muvhar

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First Named Inventor

POWER OF ATTORNEY

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forms are submitted.

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		Art Unit	3731	3731		
		Examiner Name	Amy	Amy T. Lang		
		Attorney Docket	Number 2659	265926.00116		
I hereby revoke all p	revious powers of attorney given i	n the above-ider	ntified applica	tion.		
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OR I hereby appoint in Number as my/ou identified above, and Trademark COR	application					
I hereby appoint F	Practitioner(s) named below as my/our atto iness in the United States Patent and Trad			application ide	ntified above, and	
Practitioner(s) Name		Registration Number				
Please recognize or	change the correspondence addre	ess for the above	e-identified an	plication to	:	
OR The address asso	ciated with the above-mentioned Custome	r Number.				
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	d of the entire Interest. See 37 CFR 3.71.	ed herewith or filed o	nn			
	SIGNATURE of Appli					
Signature	Am Ill		Date	Mar 13	3,2009	
Name	Amir Miller		Telephone		-,	
Title and Company VP New Technologies, Neovasc Medical Ltd.						
NOTE: Signatures of all the i signature is required, see bel	nventors or assignees of record of the entire into ow*.	erest or their represent	ative(s) are required	f. Submit multipl	e forms if more than one	

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